

DOCTOR'S RELEASE FORM

Complete this form if you checked "yes" to any of the questions on the medical checklist.

In the past Love Africa has had people who have experienced difficulty completing the daily mission activities. The missionary may be involved in extended periods of walking and hiking at high altitudes as part of the daily itinerary. Dietary and climate changes also add to the physical intensity of our trips. Please be considerate of these factors.

Doctor's Name: _____ Applicant's Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Date of Birth: _____ Gender: _____ Weight: _____ Height: _____

I have reviewed this patient's **MEDICAL INFORMATION, CHECKLIST FORM, and MEDICAL HISTORY**, and I have performed a physical exam. (Please check appropriate choice)

- ☐ I find him/her to be in adequate condition for international travel and participation in all the activities of this trip.
- ☐ I have prescribed a medical plan of action for him/her to meet prior to the mission trip in order to participate in the daily itinerary during the trip.
- ☐ I do not recommend that this person participate at this time.

Physician's Signature _____ Date _____

Dear Physician:

Please email this information to
loveafricamission@gmail.com

Or it can be mailed to:

Love Africa Mission
Attn: Missions Applications
4001 Hanks Creek Lane
Belmont, NC 28012

If you have any questions, please call:
(704) 266-0447